

Application for Reexamination of Plumbing Contractor
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

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Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for exam consideration
Penalty: Application cancelled & fee forfeited

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

THIS FORM IS TO BE USED ONLY BY APPLICANTS WHO HAVE TAKEN THE EXAMINATION PREVIOUSLY

Instructions:

- Complete and **sign original application**. Type or print in ink.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

Applicant Information

OFFICE USE ONLY

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NAME (Last, First, Middle)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
		XXX-XX-
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Background Information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE	DATE
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Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of

SIGNATURE	DATE
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